

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10 828 508

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 71            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 71 minus 20 = | * 51         |
| INDEPENDENT CLAIMS  | 5 minus 3 =   | * 2          |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY TYPE** ☐

**OTHER THAN SMALL ENTITY**

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 |    | BASIC FEE | 770.00 |
| X\$ 9=    |        |    | X\$18=    | 918    |
| X43=      |        |    | X86=      | 172    |
| +145=     |        |    | +290=     | 9      |
| TOTAL     |        |    | TOTAL     | 1860   |

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|                    |   |                                  |       |                                    |               |
|--------------------|---|----------------------------------|-------|------------------------------------|---------------|
| <b>AMENDMENT A</b> |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total   | *                                | Minus | **                                 | =             |
|                    | Independent   | *                                | Minus | ***                                | =             |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

**SMALL ENTITY**

**OTHER THAN SMALL ENTITY**

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                |    | X\$18=           |                |
| X43=             |                |    | X86=             |                |
| +145=            |                |    | +290=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|                    |   |                                  |       |                                    |               |
|--------------------|---|----------------------------------|-------|------------------------------------|---------------|
| <b>AMENDMENT B</b> |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total   | *                                | Minus | **                                 | =             |
|                    | Independent   | *                                | Minus | ***                                | =             |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                |    | X\$18=           |                |
| X43=             |                |    | X86=             |                |
| +145=            |                |    | +290=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|                    |   |                                  |       |                                    |               |
|--------------------|---|----------------------------------|-------|------------------------------------|---------------|
| <b>AMENDMENT C</b> |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|                    | Total   | *                                | Minus | **                                 | =             |
|                    | Independent   | *                                | Minus | ***                                | =             |
|                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                |    | X\$18=           |                |
| X43=             |                |    | X86=             |                |
| +145=            |                |    | +290=            |                |
| TOTAL ADDIT. FEE |                |    | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.